

Recording Requested By:
WASHINGTON MUTUAL BANK

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179

10/02/06 2:07:08
BK 2:574 PG 310
DE SOTO COUNTY, MS
W.E. DAVIS, CH CLERK

DEED OF RELEASE

WASHINGTON MUTUAL - CLIENT 150 #:8011707091 "BOWEN" Lender ID:G15/577/8011707091 De Soto, Mississippi PIF:
08/31/2006

KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA SUCCESSOR TO WASHINGTON MUTUAL HOME LOANS, INC. holder of a certain Deed of Trust, whose parties, dates and recording information are below, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does hereby Cancel, Discharge and Reconvey said Deed of Trust, and the estate, title and interest now held by it under said Deed of Trust without warranty, to the person legally entitled thereto.

Original Trustor: CHAD D BOWEN AND WENDY E BOWEN, HUSBAND AND WIFE

Original Beneficiary: COMMUNITY MORTGAGE CORPORATION

Original Trustee: KATHRYN L. HARRIS

Dated: 09/27/2001 Recorded on 10/03/2001 as in Book/Reel/Liber: 1390 Page/Folio: 0099 as Instrument No.: N/A
In the Records of the County Recorder of De Soto Mississippi

Property Address: 579 SHADY GROVE COVE, HERNANDO, MS 38632

IN WITNESS WHEREOF, the undersigned, by the officer duly authorized, has duly executed the foregoing instrument.

WASHINGTON MUTUAL BANK, FA SUCCESSOR TO WASHINGTON MUTUAL HOME LOANS, INC.
On September 26th, 2006

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

Before me, the undersigned Miriam Hapner a Notary Public, on this day personally appeared Jocelyn Tate, Lien Release Assistant Secretary, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. Given under my hand and seal of office, this day September 26th, 2006.

WITNESS my hand and official seal,

Notary Expires: 



Miriam E. Hapner
Commission # DD365383
Expires October 24, 2008
Banded Tray Pain - Insurance, Inc. 800-385-7018

(This area for notarial seal)

Prepared By: Paula E Harley, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179
1-866-926-8937